

PHYSICAL EXAM - Skin Findings

Yes	No	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	cyanosis
<input type="checkbox"/>	<input type="checkbox"/>	cool skin
<input type="checkbox"/>	<input checked="" type="checkbox"/>	skin rash
<input type="checkbox"/>	<input type="checkbox"/>	pallor
<input type="checkbox"/>	<input type="checkbox"/>	diaphoresis
<input type="checkbox"/>	<input type="checkbox"/>	poor skin turgor

OK
Cancel

Figure 1 (PRIOR ART)

User

1

2abc

3def

4ghi

5jkl

6mno

7prs

8tuv

9xyz

◀

0QZ

C

FIGURE 2

T-Chat

User: langdon

File Edit View Setup

Home

Annotation

Notes

Clinical

History

Exam

Course

Diagnosis

Viewing

Report

Discharge

Prescription

Excuse

Print

Clinical

Discharge

Closure

My Patients

Room	Age	Sex	Chief Complaint	Name	Time	Template	Physician
7	63y	F	car drove off cliff	Shady, Grace	11:26 04/12/01	17 MVA	langdon
12	18m	M	been in nose	Quenda, Ricky-Joe	15:44 04/12/01	28 Nose	langdon

Patients Waiting

Room	Age	Sex	Chief Complaint	Name	Time	Template	Physician
			NEW COMPLAINT				
	49y	F	horse stepped on foot	Maiz, Ethyl	16:37 04/12/01		
	118y	F	headache	Seppene, Mary	16:25 04/12/01		
	56y	M	car crash	Quenda, Ernie	16:18 04/12/01		
	29y	M	abdominal pain	Berney, Jack	15:26 04/12/01		
	37y	M	chest pain	Amor, Des	15:04 04/12/01		

FIGURE 3

T-Chart User: langdon

File Edit View Setup

My Patients

Room	Age	Sex	Chief Complaint	Name	Time	Template	Physician
7	53y	F	car drove off cliff	Grace, Holly	11 26 04/12/01	17 MVA	langdon
12	18m	M	bean in nose	Quicke, Ricky Jr	15 44 04/12/01	28 Nose	langdon

Patients Waiting

Room	Age	Sex	Chief Complaint	Name	Time	Template	Physician
	49y	F	NEW COMPLAINT	NEW PATIENT			
	118y	F	horse stepped on foot	Edyl, Mike	16 37 04/12/01		
	56y	M	headache	Mary, Rogers	16 25 04/12/01		
	37y	M	car crash	Ernie, Keweenaw	16 18 04/12/01		
	29y	M	chest pain	Desti, Keweenaw	15 04 04/12/01		
	29y	M	abdominal pain	Jack, Rick	14 12 04/12/01	3.2	

FIGURE 4

T-Chart User: langdon

File Edit View Setup

My Patients

Room	Age	Sex	Chief Complaint	Name	Time	Template	Physician
7	53y	F	car drove off cliff	Grace, Holly	11 26 04/12/01	17 MVA	langdon
12	18m	M	bean in nose	Quicke, Ricky Jr	15 44 04/12/01	28 Nose	langdon

Patients Waiting

Room	Age	Sex	Chief Complaint	Name	Time	Template	Physician
	49y	F	NEW COMPLAINT	NEW PATIENT	16 37 04/12/01		
	118y	F	horse stepped on foot	Edyl, Mike	16 25 04/12/01		
	56y	M	headache	Mary, Rogers	16 18 04/12/01		
	37y	M	car crash	Ernie, Keweenaw	15 04 04/12/01		
	29y	M	chest pain	Desti, Keweenaw	15 04 04/12/01		

FIGURE 5

T-Chart User: langdon

File Edit View Setup

My Patients

Room	Age	Sex	Chief Complaint	Name	Time	Template	Physician
7	53y	F	car drove off cliff	Grace, Mary	11 26 04/12/01	17 MVA	langdon
8	29y	1 M	abdominal pain	Jack, Ricky	15 26 04/12/01		langdon
12	18y	M	beat in nose	Jack, Ricky	15 44 04/12/01	28 Nose	langdon

Patients Waiting

Room	Age	Sex	Chief Complaint	Name	Time	Template	Physician
	49y	F	NEW COMPLAINT	NEW PATIENT			
	118y	F	horse stepped on foot	Ethyl, Mary	16 37 04/12/01		
	56y	M	headache	James, Mary	16 26 04/12/01		
	37y	M	car crash	James, Ernie	18 18 04/12/01		
			chest pain	James, Des	15 04 04/12/01		

Navigation: Home, Amputation, Notes, Clinical, History, Exam, Course, Viewing, Report, Discharge, Prescription, Excuse, Preliminary, Clinical, Discharge, Closure.

FIGURE 6

TChart Template Selector

Trauma

- 1 Head Injury
- 2 Eye Problems
- 3 Head Injury, Facial
- 4 Neck/Back Pain or Injury
- 5 Shoulder Injury
- 6 Upper Extremity Injury
- 7 Trunk Injury
- 8 Low Back Pain or Injury
- 9 Hand/Wrist Injury
- 10 Hip Injury
- 11 Lower Extremity Injury
- 12 Ankle/Foot Injury
- 13 Plantar Puncture Wound
- 14 Pediatric Illness
- 15 Asthma-pediatric
- 16 Pediatric Trauma
- 17 MVA
- 17a MCA Bike / Pedestrian
- 18 Multiple Trauma
- 19 Fall
- 20 Assault
- 21 Animal Bite
- 22 Major Burn/Smoke Inhalation
- 23 Recheck / Suture Removal
- 24 General

Medicine

- 26 Headache
- 27 Ear Complaints
- 28 Nose
- 29 Throat or Dental Pain
- 30 Cough
- 31 Wheezing / Asthma
- 32 Dyspnea
- 33 Chest Pain
- 34 Palpitations
- 35 Upper Extremity Pain
- 36 Abdominal Pain
- 37 Vomiting / Diarrhea
- 38 GI Bleeding / Rectal Pain
- 39 Female GU
- 40 OB Problems
- 41 Male GU
- 42 Lower Extremity Pain
- 43 Skin Rash / Abscess
- 44 Allergy
- 45 Changed Mental Status
- 46 Focal Neuro Deficit
- 47 Dizzy
- 48 Syncope
- 49 Seizure
- 50 CPR
- 51 Critical Care
- 52 Overdose
- 53 Psych

Ok Cancel

FIGURE 7

TChart Template Selector

Trauma	Medicine
1 Head Injury	26 Headache
2 Eye Problems	27 Ear Complaints
3 Head Injury, Facial	28 Nose
4 Neck/Back Pain or Injury	29 Throat or Dental Pain
5 Shoulder Injury	30 Cough
6 Upper Extremity Injury	31 Wheezing / Asthma
7 Trunk Injury	32 Dyspnea
8 Low Back Pain or Injury	33 Chest Pain
9 Hand/Wrist Injury	34 Palpitations
10 Hip Injury	35 Upper Extremity Pain
11 Lower Extremity Injury	36 Abdominal Pain
12 Ankle/Foot Injury	37 Vomiting / Diarrhea
13 Plantar Puncture Wound	38 GI Bleeding / Rectal Pain
14 Pediatric Illness	39 Female GU
15 Asthma-pediatric	40 OB Problems
16 Pediatric Trauma	41 Male GU
17 MVA	42 Lower Extremity Pain
17a MCA Bike / Pedestrian	43 Skin Rash / Abscess
18 Multiple Trauma	44 Allergy
19 Fall	45 Changed Mental Status
20 Assault	46 Focal Neuro Deficit
21 Animal Bite	47 Dizzy
22 Major Burn/Smoke Inhalation	48 Syncope
23 Recheck / Suture Removal	49 Seizure
24 General	50 CPR
	51 Critical Care
	52 Overdose
	53 Psych

Ok Cancel

FIGURE 8

T-Chart

History, Jack

Home

Annotations

Notes

Clinical

Exam

Course

Diagnosis

Report

Discharge

Prescription

Excuse

Printout

Clinical

Discharge

Closure

Home

Notes

Exam

Course

Diagnosis

Report

Discharge

Prescription

Excuse

Printout

Clinical

Discharge

Closure

Home

Notes

Exam

Course

Diagnosis

Report

Discharge

Prescription

Excuse

Printout

Clinical

Discharge

Closure

Home

Notes

Exam

Course

Diagnosis

Report

Discharge

Prescription

Excuse

Printout

Clinical

Discharge

Closure

Home

Notes

Exam

Abdominal Pain

time: _____ room: _____

arrived: pvt vehicle EMS

context:

historian: patient EMS family

limited by:

HPI

chief complaint: abdominal pain flank pain

started: just PTA today last night yesterday

still present _____ gone _____ timing: _____

quality:

"pain"

sharp

stabbing

cramping

burning

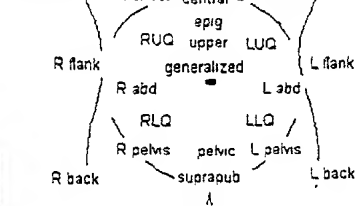
dull

migrating

well localized

diffuse

location:



radiating to: _____ additional pain _____

associated symptoms:

nausea

vomiting

loss of appetite

diarrhea

severity of pain:

modifying factors:

similar symptoms previously

once twice sev times many times - occasionally frequently

mild as bad worse varying

recently seen _____

ED office clinic hospitalized

ROS

GI

vomiting blood

black stools

bloody stools

URINARY

difficulty w/ urination

pain w/ urination

frequency

Female pregnant

LNMP

missed periods irreg

abnormal bleeding

all systems neg. except as marked

CONSTITUTIONAL

fever chills

Neuro & EENT

headache

sore throat

blurred vision

CVS & Pulmonary

chest pain

difficulty breathing

cough

MS & Skin

joint pain back pain

skin rash

PAST Hx

negative see nurses notes

peptic ulcer

gall stones

bowel obstruction

kidney stones

heart dz

lung dz

renal dz

HTN

hyperlipidemia

previous surgery

abdominal surgery

0 MEDS none see nurses notes

0 ALLERGIES NKDA see nurses notes

0 SOCIAL Hx smoker ETOH drugs

residence/travel

0 FAMILY Hx gall bladder heart dz hx of

FIGURE 9

IT-Chart
 Barry, Jack
 Home
 Annotations
 Notes
 Clinical
 History
 Exam
 Course
 Dx/Di
 Medication
 Report
 Discharge
 Prescription
 Excuse
 Print/Im
 Clinical
 Discharge
 Closure

Abdominal Pain

time: _____ room: _____

arrived: pvt vehicle EMS

context:

historian: patient EMS family

limited by:

0 HPI

chief complaint: abdominal pain flank pain

started: just PTA today last night yesterday

still present

gone

turning

quality:

"pen"

sharp

stabbing

cramping

burning

dull

migrating

...

well localized

diffuse

location:

R chest-central L chest

epig upper LUQ

R flank

generalized

L flank

R abd

L abd

RLQ

LLQ

R pelvis

pelvic

L pelvis

R back

suprapub

L back

radiating to:

additional pain

associated symptoms:

nausea

vomiting

loss of appetite

diarrhea

severity of pain:

modifying factors:

similar symptoms previously:

once twice sev. times many times - occasionally frequently

milder as bad worse varying

0

recently seen

ED office clinic hospitalized

0

0 ROS

GI

vomiting blood

black stools

bloody stools

URINARY

difficulty w/ urination

pain w/ urination

frequency

Female

pregnant

INMP

missed periods

abnormal bleeding

all systems neg. except as marked

CONSTITUTIONAL

fever chills

Neuro & EENT

headache

sore throat

blurred vision

CVS & Pulmonary

chest pain

difficulty breathing

cough

MS & Skin

joint pain

back pain

skin rash

0 PAST Hx

negative see nurses notes

peptic ulcer

gall stones

bowel obstruction

kidney stones

heart dz

lung dz

renal dz

HTN

diabetes

hyperlipidemia

previous surgery

abdominal surgery

0 MEDS

none

see nurses notes

0 ALLERGIES

NKDA

see nurses notes

0 SOCIAL Hx

smoker

ETOH

drugs

residence/travel:

0 FAMILY Hx

gall bladder

heart dz

hx of

FIGURE 10

T-Chart

2nd, Jack

Home

Annotations

Notes

Clinical

82

History

Exam

Course

Dx/DI

Windows

Report

Discharge

Prescription

Excuse

Print

Clinical

Discharge

Closure

1

2

Abdominal Pain

time: room:

arrived: pvt vehicle EMS

context:

historian: patient EMS family

limited by:

HPI

chief complaint: abdominal pain flank pain

started: just PTA today last night yesterday

still present gone timing:

quality:

"poor"

sharp

stabbing

cramping

burning

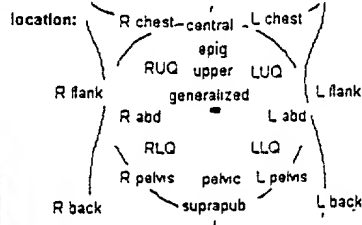
dull

migrating

...

well localized

diffuse



radiating to: additional pain

associated symptoms:

nausea

vomiting

loss of appetite

diarrhea

severity of pain:

modifying factors:

similar symptoms previously:

once twice sev. times many times - occasionally frequently

milder as bad worse varying

0

recently seen

ED office clinic hospitalized

0

ROS

GI

vomiting blood

black stools

bloody stools

URINARY

difficulty w/ urination

pain w/ urination

frequency

Female pregnant

LNMP

missed periods irreg

abnormal bleeding

all systems neg. except as marked

CONSTITUTIONAL

fever chills

Neuro & EENT

headache

sore throat

blurred vision

CVS & Pulmonary

chest pain

difficulty breathing

cough

MS & Skin

joint pain

skin rash

back pain

PAST Hx

negative see nurses notes

peptic ulcer

gall stones

bowel obstruction

kidney stones

heart dz neuro dz

lung dz GI dz

renal dz other dz

HTN diabetes

hyperlipidemia

previous surgery

abdominal surgery

0 MEDS none see nurses notes

0 ALLERGIES NKDA see nurses notes

0 SOCIAL Hx smoker ETOH drugs

residence/travel

0 FAMILY Hx gall bladder heart dz hx of

FIGURE 11

TT-Chart

Emergency, Jack

Home

Annotations

Notes

Clinical

History

Exam

Course

Diagnosis

Report

Discharge

Prescription

Excuse

Referral

Clinical

Discharge

Clinical

Discharge

Clinical

Discharge

Clinical

Discharge

Clinical

Discharge

Clinical

Discharge

Clinical

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Discharge

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Discharge

Clinical

Discharge

Abdominal Pain

time: _____ room: _____

arrived: pvt vehicle EMS

context:

historian: patient EMS family

limited by:

O HPI

chief complaint: abdominal pain flank pain

started: just PTA today last night yesterday

still present _____ gone _____ timing: _____

quality:

"pain"

sharp

stabbing

cramping

burning

dull

migrating

well localized

diffuse

location: R chest—central L chest
epig
RUQ upper LUQ
generalized
R flank L flank
R abd L abd
RLQ LLQ
R pelvis pelvic L pelvis
suprapub
R back L back

radiating to: _____ additional pain _____

associated symptoms:

nausea

vomiting

loss of appetite

diarrhea

severity of pain: _____

modifying factors: _____

similar symptoms previously: _____
once twice sev. times many times - occasionally frequently
milder as bad worse varying

recently seen _____

ED office clinic hospitalized

O ROS

GI

vomiting blood

black stools

bloody stools

difficulty w/ micturition

pain w/ micturition

frequency

Female pregnant

LNMP

missed periods

irreg

abnormal bleeding

all systems neg. except as marked

CONSTITUTIONAL

fever chills

Neuro & EENT

headache

sore throat

blurred vision

CVS & Pulmonary

chest pain

difficulty breathing

cough

MS & Skin

joint pain

back pain

skin rash

O PAST Hx

negative see nurses notes

peptic ulcer

gall stones

bowel obstruction

kidney stones

heart dz

neuro dz

lung dz

GI dz

renal dz

other dz

HTN

diabetes

hyperlipidemia

previous surgery

abdominal surgery

O MEDS none see nurses notes

O ALLERGIES NKDA see nurses notes

O SOCIAL Hx smoker ETOH drugs

residence/travel

O FAMILY Hx

gall bladder

heart dz

hx of

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FIGURE 12

T-Chart

Back

Home

Annotations

Notes

Clinical

History

Exam

Course

Diagnosis

Viewing

Report

Discharge

Prescription

Excuse

Printout

Clinical

Discharge

Closure

Back

Home

Annotations

Notes

Clinical

History

Exam

Course

Diagnosis

Viewing

Report

Discharge

Prescription

Excuse

Printout

Clinical

Discharge

Closure

Back

Home

Annotations

Notes

Clinical

History

Exam

Course

Diagnosis

Viewing

Report

Discharge

Prescription

Excuse

Printout

Clinical

Discharge

Closure

Back

Home

Annotations

Notes

Clinical

History

Exam

Abdominal Pain

time: _____ room: _____

arrived: pvt vehicle EMS

context:

historian: patient EMS family

limited by:

HPI

chief complaint: abdominal pain flank pain

started: just PTA today last night yesterday

still present _____ gone _____ timing: _____

quality:

"pain"

sharp

stabbing

cramping

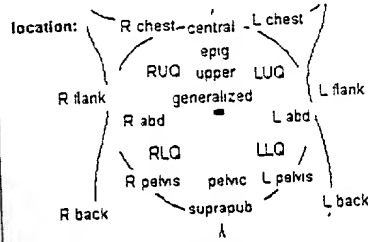
burning

dull

migrating

well localized

diffuse



radiating to: _____ additional pain _____

associated symptoms:

nausea

vomiting

loss of appetite

diarrhea

severity of pain:

modifying factors:

similar symptoms previously:

once twice sev. times many times - occasionally frequently

milder as bad worse varying

0

recently seen

ED office clinic hospitalized

0

ROS

GI

vomiting blood

black stools

bloody stools

difficulty w/ mastication

pain w/ mastication

frequency

Female pregnant

missed periods

irreg

abnormal bleeding

all systems neg. except as marked

CONSTITUTIONAL

fever _____ chills _____

Neuro & EENT

headache _____

sore throat _____

blurred vision _____

CVS & Pulmonary

chest pain _____

difficulty breathing _____

cough _____

MS & Skin

joint pain _____ back pain _____

skin rash _____

PAST Hx

negative _____ see nurses notes

peptic ulcer

gall stones

bowel obstruction

kidney stones

heart dz

lung dz

renal dz

HTN

diabetes

hyperlipidemia

previous surgery

abdominal surgery

0 MEDS _____ none _____ see nurses notes

0 ALLERGIES _____ NKDA _____ see nurses notes

0 SOCIAL Hx smoker _____ ETOH _____ drugs _____

residence/travel

0 FAMILY Hx gall bladder _____ heart dz _____ hx of _____

FIGURE 13

T-Chart

History Jack

Home

Annotation

Notes

Clinical

History

Exam

Course

Diagnosis

Report

Discharge

Prescription

Excuse

Discharge

Discharge

Discharge

Discharge

Discharge

Discharge

Discharge

Discharge

Discharge

Discharge

Discharge

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Discharge

Abdominal Pain

time: _____ room: _____

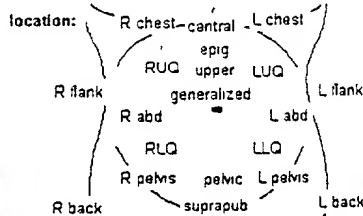
arrived: pvt vehicle EMS
historian: patient EMS family

context:
limited by:

HPI

chief complaint: abdominal pain flank pain
started: just PTA today last night yesterday

still present _____ gone _____ timing: _____
quality: _____
"pain" _____
sharp _____
stabbing _____
cramping _____
burning _____
dull _____
migrating _____
... _____
well localized _____
diffuse _____



radiating to: _____ additional pain _____

associated symptoms:

nausea _____ vomiting _____
loss of appetite _____ diarrhea _____

severity of pain: _____

modifying factors: _____

similar symptoms previously: _____
once twice sev. times many times - occasionally frequently
milder as bad worse varying

recently seen _____
ED office clinic hospitalized _____

ROS

GI _____
vomiting blood _____
black stools _____
bloody stools _____
URINARY _____
difficulty w/ urination _____
pain w/ urination _____
frequency _____
Female _____ pregnant _____
LMP _____
missed periods _____ irreg _____
abnormal bleeding _____
all systems neg. except as marked

CONSTITUTIONAL _____
fever _____ chills _____
Neuro & EENT _____
headache _____
sore throat _____
blurred vision _____
CVS & Pulmonary _____
chest pain _____
difficulty breathing _____
cough _____
MS & Skin _____
joint pain _____ back pain _____
skin rash _____

PAST Hx

negative _____ see nurses notes _____
peptic ulcer _____
gall stones _____
bowel obstruction _____
kidney stones _____
heart dz _____
lung dz _____
renal dz _____
other dz _____
HTN _____ diabetes _____
hyperlipidemia _____
previous surgery _____
abdominal surgery _____

0 MEDS _____ none _____ see nurses notes _____

0 ALLERGIES _____ NKDA _____ see nurses notes _____

0 SOCIAL Hx smoker _____ ETOH _____ drugs _____

residence/travel: _____

0 FAMILY Hx gall bladder _____ heart dz _____ hx of _____

FIGURE 14

T-Chart

By: Jack

Home

Annotations

Notes

Clinical

History

Exam

Course

Dx/DI

Medication

Report

Discharge

Prescription

Excuse

Prognosis

Clinical

Discharge

Closure

Report

Discharge

Closure

Report

Discharge

Closure

Report

Discharge

Closure

Report

Discharge

Closure

Report

Discharge

Closure

Report

Discharge

Closure

Report

Discharge

Closure

Report

Discharge

Closure

Report

Discharge

Closure

Report

Discharge

Closure

Report

Discharge

Closure

Report

Discharge

Closure

Abdominal Pain

time: _____ room: _____

arrived: pvt vehicle EMS

context:

historian: patient EMS family

limited by:

HPI

chief complaint: abdominal pain flank pain

started: just PTA today last night yesterday

still present

gone

timing:

quality:

"pain"

sharp

stabbing

cramping

burning

dull

migrating

well localized

diffuse

location:

R chest—central L chest

epig upper LUQ

R flank generalized L flank

R abd L abd

RLQ LLQ

R pelvis pelvic L pelvis

R back suprapub L back

radiating to:

additional pain

associated symptoms:

nausea

loss of appetite

vomiting

diarrhea

severity of pain:

modifying factors:

similar symptoms previously:

once twice sev. times many times - occasionally frequently

milder as bad worse varying

ROS

GI

vomiting blood

black stools

bloody stools

UPINARY

difficulty w/ urination

pain w/ urination

frequency

Female pregnant

LNMP

missed periods irreg

abnormal bleeding

all systems neg. except as marked

CONSTITUTIONAL

fever chills

Neuro & EENT

headache

sore throat

blurred vision

CVS & Pulmonary

chest pain

difficulty breathing

cough

MS & Skin

joint pain back pain

skin rash

PAST Hx

negative see nurses notes

peptic ulcer

gall stones

bowel obstruction

kidney stones

heart dz

lung dz

renal dz

HTN

diabetes

hyperlipidemia

previous surgery

abdominal surgery

0 MEDS none see nurses notes

0 ALLERGIES NKDA see nurses notes

0 SOCIAL Hx smoker ETOH drugs

residence/travel:

0 FAMILY Hx gall bladder heart dz hx of

FIGURE 15

Chart
Benny, Jack

Home

Annotation

Notes

Clinical

History

Exam

Course

Diagnosis

Viewing

Report

Discharge

Prescription

Excuse

Printing

Clinical

Discharge

Closure

Chart

Home

Annotation

Notes

Clinical

History

Exam

Course

Diagnosis

Viewing

Report

Discharge

Prescription

Excuse

Printing

Clinical

Discharge

Closure

Chart

Home

Annotation

Notes

Clinical

History

Exam

Course

Diagnosis

Viewing

Report

Discharge

Prescription

Excuse

Printing

Clinical

Discharge

Closure

Chart

Home

Annotation

Notes

Clinical

History

Exam

Clinical Report

Hospital Name -
Emergency Department
Street Address - 214-555-1212
12-Apr-2001

Patient Name: ~~Emily~~, Jack

HISTORY OF PRESENT ILLNESS

Chief complaint- ABDOMINAL PAIN. He has had nausea and loss of appetite. No vomiting or diarrhea.

Physician Signature

FIGURE 16

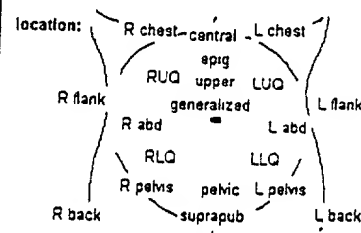
TT-Chart Name: Jack Home Annotations: Notes Clinical: History Exam Vt Course DxDI View: Report Discharge Prescription Excuse Print: Clinical Discharge Closure:	Abdominal Pain time: _____ room: _____	
	arrived: pvt vehicle EMS context: _____ historian: patient EMS family limited by: _____	
	HPI chief complaint: <u>abdominal pain</u> flank pain started: just PTA today last night yesterday	
	still present _____ gone _____ timing: _____	
	quality: _____ "pear" sharp stabbing cramping burning dull migrating well localized diffuse	
	location: <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> R chest R flank R abd R RLQ R pelvis R back </div> <div style="text-align: center;"> central epig upper generalized suprapub </div> <div style="text-align: center;"> L chest LUQ L abd LLQ L pelvis L back </div> </div>	
	radiating to: _____ additional pain _____	
	associated symptoms: <u>nausea</u> vomiting <u>loss of appetite</u> diarrhea	
	severity of pain: _____ modifying factors: _____	
	similar symptoms previously: _____ once twice sev. times many times - occasionally frequently milder as bad worse varying	

ROS	
GI vomiting blood _____ black stools _____ bloody stools _____ URINARY difficulty w/ urination _____ pain w/ urination _____ frequency _____ Female _____ pregnant _____ LNMP _____ missed periods _____ irreg _____ abnormal bleeding _____ all systems neg. except as marked	CONSTITUTIONAL fever _____ chills _____ Neuro & EENT headache _____ sore throat _____ blurred vision _____ CVS & Pulmonary chest pain _____ difficulty breathing _____ cough _____ MS & Skin joint pain _____ back pain _____ skin rash _____
PAST Hx negative _____ see nurses notes _____ peptic ulcer _____ gall stones _____ bowel obstruction _____ kidney stones _____ heart dz _____ neuro dz _____ lung dz _____ GI dz _____ renal dz _____ other dz _____ HTN _____ diabetes _____ hyperlipidemia _____ previous surgery _____ abdominal surgery _____	
O MEDS _____ none _____ see nurses notes _____ O ALLERGIES _____ NKDA _____ see nurses notes _____ O SOCIAL Hx smoker _____ ETOH _____ drugs _____ residence/travel: _____ O FAMILY Hx gall bladder _____ heart dz _____ hx of _____	

FIGURE 17

T-Chart
 Jack
 Home
 Annotations
 Notes
 Clinical
 History
 Exam
 Course
 Dx/Di.
 Medication
 Report
 Discharge
 Prescription
 Excuse
 Printing
 Clinical
 Discharge
 Closure

Abdominal Pain time: _____ room: _____
 arrived: pvt vehicle EMS context: _____
 historian: patient EMS family limited by: _____

0 HPI
 chief complaint: abdominal pain flank pain
 started: just PTA today last night yesterday
 still present _____ gone _____ timing: _____
 quality: "pain" _____
 sharp _____
 stabbing _____
 cramping _____
 burning _____
 dull _____
 migrating _____
 well localized _____
 diffuse _____
 location: 
 radiating to: _____ additional pain _____
 associated symptoms: (nausea) _____ vomiting _____
 (loss of appetite) _____ diarrhea _____
 severity of pain: _____
 modifying factors: _____
 similar symptoms previously: _____
 once twice sev. times many times - occasionally frequently
 milder as bad worse varying
 recently seen _____
 ED office clinic hospitalized

0 ROS
GI
 vomiting blood _____
 black stools _____
 bloody stools _____
URINARY
 difficulty w/ urination _____
 pain w/ urination _____
 frequency _____
Female pregnant _____
LNMP
 missed periods _____
 abnormal bleeding _____
 all systems neg. except as noted
CONSTITUTIONAL
 fever _____ chills _____
Neuro & EENT
 headache _____
 sore throat _____
 blurred vision _____
CVS & Pulmonary
 chest pain _____
 difficulty breathing _____
 cough _____

0 PAST Hx
 negative see nurses today since yesterday recently chronically
 peptic ulcer gone now still present improving worsening
 gall stones _____
 bowel obstruction _____
 kidney stones _____
 cough changed from baseline smoker
 sputum changed from baseline
 similar to previous symptoms
0 MEDS none _____
0 ALLERGIES NKDA see nurses notes
0 SOCIAL Hx smoker _____ ETOH _____ drugs _____
 residence/travel: _____
0 FAMILY Hx gall bladder heart dz hx of _____

FIGURE 18

T-Chart

Jack

Home

Annotations

Notes

Clinical

History

Exam

Course

Diagnosis

View

Report

Discharge

Prescription

Excuse

Printing

Clinical

Discharge

Closure

Home

Annotations

Notes

Clinical

History

Exam

Course

Diagnosis

View

Report

Discharge

Prescription

Excuse

Printing

Clinical

Discharge

Closure

Home

Annotations

Notes

Clinical

History

Exam

Course

Diagnosis

View

Report

Discharge

Prescription

Excuse

Printing

Clinical

Discharge

Closure

Home

Annotations

Notes

Clinical

History

Exam

Course

Diagnosis

View

Report

Abdominal Pain

time: room:

arrived: pvt vehicle EMS

context:

historian: patient EMS family

limited by:

HPI

chief complaint: abdominal pain flank pain

started: just PTA today last night yesterday

still present

gone

timing:

quality:

"pen"

sharp

stabbing

cramping

burning

out

migrating

well localized

diffuse

location:

R chest

central

L chest

RUQ

upper

LUQ

R flank

generalized

L flank

R abd

L abd

RLQ

LLQ

R pelvis

pelvic

L pelvis

R back

suprapub

L back

radiating to:

additional pain

associated symptoms:

nausea

vomiting

loss of appetite

diarrhea

severity of pain:

modifying factors:

similar symptoms previously:

once twice sev. times many times

milder as bad worse varying

occasionally frequently

recently seen

ED office clinic hospitalized

ROS

GI

vomiting blood

black stools

bloody stools

UPINARY

difficulty w/ urination

pain w/ urination

frequency

Female

pregnant

LNMP

missed periods

abnormal bleeding

all systems neg. except as noted

CONSTITUTIONAL

fever

chills

Neuro & EENT

headache

sore throat

blurred vision

CVS & Pulmonary

chest pain

difficulty breathing

cough:

PAST Hx

negative

see nurses

peptic ulcer

gall stones

bowel obstruction

kidney stones

today since yesterday recently chronically

gone now - still present - improving - worsening

COUGH

mild moderate severe

dry / productive

scant moderate copious

clear yellow green brown white

frank blood

cough changed from baseline

sputum changed from baseline

smoker

0 MEDS

none

0 ALLERGIES

NKDA

see nurses notes

0 SOCIAL Hx

smoker

ETOH

drugs

residence/travel

0 FAMILY Hx

gall bladder

heart dz

hx of

FIGURE 19

T-Chart
 Emergency Jack
 Home
 Annotation
 Notes
 Clinical
 History
 Exam
 Course
 OXOI
 Viewing
 Report
 Discharge
 Prescription
 Excuse
 Print
 Clinical
 Discharge
 Closure

Clinical Report

Hospital Name -
 Emergency Department
 Street Address - 214-555-1212
 12-Apr-2001

Patient Name: Beatty, Jack

HISTORY OF PRESENT ILLNESS

Chief complaint- ABDOMINAL PAIN. He has had nausea and loss of appetite. No vomiting or diarrhea.

REVIEW OF SYSTEMS

The patient has had a severe cough productive of thick, green, blood tinged sputum. No frankly bloody sputum.

Physician Signature _____

FIGURE 20

T-Chart

Emergency Jack

Home

Annotation

Notes

Clinical

History

Exam

Course

Diagnosis

Viewing

Report

Discharge

Prescription

Excuse

Printings

Clinical

Discharge

Closure

Report

Discharge

Closure

Report

Discharge

Closure

Abdominal Pain

time: _____ room: _____

arrived: pvt vehicle EMS

context: _____

historian: patient EMS family

limited by: _____

0 HPI

chief complaint: abdominal pain flank pain

started: just PTA today last night yesterday

still present _____ gone _____ timing: _____

quality:

"pain"
sharp
stabbing
cramping
burning
dull
migrating
wet localized
diffuse

location:

R chest-central L chest
epig
RUQ upper LUQ
generalized
R abd L abd
RLQ LLQ
R pelvis pelvic L pelvis
suprapub
R back L back

radiating to: _____ additional pain _____

associated symptoms:

nausea

vomiting

loss of appetite

diarrhea

severity of pain: _____

modifying factors: _____

similar symptoms previously:

once twice sev. times many times - occasionally frequently
milder as bad worse varying

0

recently seen

ED office clinic hospitalized

0

0 ROS

GI

vomiting blood

black stools

bloody stools

URINARY

difficulty w/ urination

pain w/ urination

frequency

Female pregnant

LNMP

missed periods

abnormal bleeding

all systems neg. except as noted

CONSTITUTIONAL

fever chills

Neuro & EENT

headache

sore throat

blurred vision

CVS & Pulmonary

chest pain

difficulty breathing

cough

0 PAST Hx

negative see nurses

peptic ulcer

gall stones

bowel obstruction

kidney stones

today since yesterday recently chronically
gone now - still present - improving - worsening

COUGH

mild moderate severe

dry / productive

scant moderate copious thick thin

clear yellow green brown white

blood tinged frank blood

cough changed from baseline smoker

sputum changed from baseline

0 MEDS none

similar to previous symptoms

0 ALLERGIES NKDA

see nurses notes

0 SOCIAL Hx

smoker

ETOH

drugs

residence/travel

0 FAMILY Hx

gall bladder

heart dz

hx of

0

FIGURE 21

T-Chart

History, Jack

Home

Annotations

Notes

Clinical Data

History

Exam

Course

Discharge

Prescription

Excuse

Print/Initials

Clinical

Discharge

Closure

Abdominal Pain

time: _____ room: _____

arrived: pvt vehicle EMS

context:

historian: patient EMS family

limited by:

0 HPI

chief complaint: abdominal pain flank pain

started: just PTA today last night yesterday

still present _____ gone _____ timing: _____

quality:

"pen"

sharp

stabbing

cramping

burning

dull

migrating

...

well localized

diffuse

location:

R chest-central

L chest

RUQ upper

LUQ

R flank

generalized

L flank

R abd

L abd

RLQ

LLQ

R pelvis

pelvic

L pelvis

R back

suprapub

L back

radiating to:

additional pain

associated symptoms:

nausea

vomiting

loss of appetite

diarrhea

severity of pain:

modifying factors:

similar symptoms previously:

once twice sev. times many times - occasionally frequently

milder as bad worse varying

0

recently seen

ED office clinic hospitalized

0

0 ROS

GI

vomiting blood

black stools

bloody stools

URINARY

difficulty w/ urination

pain w/ urination

frequency

Female

pregnant

LNMP

missed periods

irreg

abnormal bleeding

all systems neg. except as marked

CONSTITUTIONAL

fever chills

Neuro & EENT

headache

sore throat

blurred vision

CVS & Pulmonary

chest pain

difficulty breathing

cough severe, productive, thick, gr

MS & Skin

joint pain

back pain

skin rash

0 PAST Hx

negative

see nurses notes

peptic ulcer

gall stones

bowel obstruction

kidney stones

heart dz

lung dz

renal dz

HTN

diabetes

hyperlipidemia

previous surgery

abdominal surgery

0 MEDS

none

see nurses notes

0 ALLERGIES

NKDA

see nurses notes

0 SOCIAL Hx

smoker

ETOH

drugs

residence/travel:

0 FAMILY Hx

gall bladder

heart dz

hx of

0

FIGURE 22

MVA

time: _____ room: _____

arrived: pvt vehicle EMS _____ context: _____

historian: patient EMS family _____ limited by: _____

0 HPI

chief complaint: MVA _____

location of injuries: _____

occurred: just PTA today last night yesterday _____

pain: none _____ mild _____ moderate _____ severe _____

assoc: blow head _____ neck pain _____ LOC _____ dazed _____ seizure _____

mechanism details: 0 _____

0 ROS

numbness _____ weakness _____ trouble breathing _____
hearing loss _____ nausea _____ vomiting _____
loss of vision _____ bladder dysfunction _____
headache _____ skin laceration _____
chest pain _____ fever _____ recently ill _____
depressed _____ all systems neg except as marked _____

0 PAST HISTORY

neg _____ see nurses notes _____

tetanus: UTD >5 >10 unk _____

0 MEDS _____ none _____ see nurses notes _____

0 ALLERGIES _____ NKDA _____ see nurses notes _____

0 SOCIAL HX _____ smoker _____ ETOH _____ drugs _____

residence/travel _____

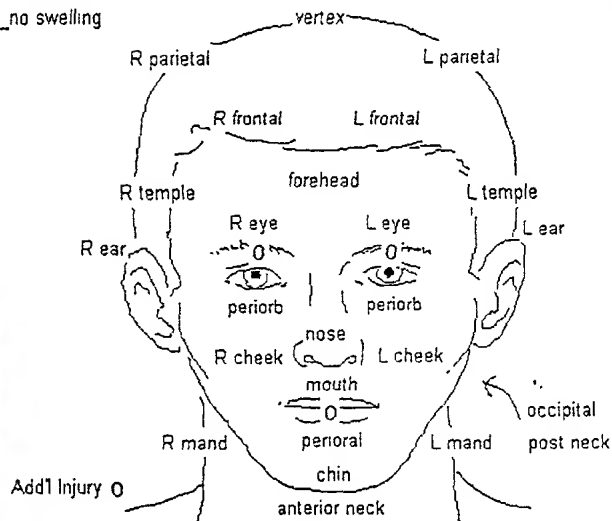
bkbrd c-collar _____ nurses notes rev'd _____ VS rev'd _____

PHYSICAL EXAM

_____ alert _____ anxious / lethargic / obtunded _____
_____ NAD _____ in distress mild mod severe _____

HEAD

_____ non-tender _____ Battle's sign _____ raccoon eyes _____
_____ no swelling _____

**NECK**

_____ non-tender _____ verteb. tenderness _____ painful movement _____
_____ painless ROM _____ decrsd ROM _____ muscle spasm _____

EYES

_____ PERRL _____ pupillary exam: _____
_____ EOM intact _____ ocular injury _____
_____ abnml fundiscopic _____

ENT

_____ no dental injury _____ hematympanum _____
_____ pharynx nml _____ malocclusion _____

FIGURE 23

SKIN

<u> </u> intact	<u> </u> cool skin	pallor <u> </u>
<u> </u> warm, dry	<u> </u> skin rash	diaphoresis <u> </u>
nml color		poor skin turgor <u> </u>

EXTREMITIES soft-tissue tenderness _____
 _____ traumatic bony tenderness _____
 _____ nml inspection abrasions #1 _____ #2 _____
 _____ pelvis stable limping gait _____ cannot bear weight _____
 _____ no pedal edema gait not tested due to pain _____

Diagram illustrating the anatomical regions of the human body, labeled with directional terms (RT for Right, LT for Left) and body parts:

- Head/Neck:** shoulder, clavicle, chest, clavicle, shoulder
- Upper Limbs:** arm, elbow, forearm, wrist, hand
- Torso:** abdomen, back, GU (Genital/Urinary)
- Lower Limbs:** hip, thigh, knee, leg, ankle, foot

BACK tenderness #2
nontender vertebral point tenderness
ROM nml muscle spasm limited ROM

O NEURO altered mental status GCS

oriented x3 CN deficit

no motor deficit weakness sensory deficit

no sensory deficit reflex exam:

reflexes nmi

FIGURE 24-

X-RAYS

☐ nml / NAD except as noted
☐ independently visualized by me ☐ discussed with radiologist
☐ interpreted by me contemporaneously ☐ interpreted by radiologist

R

skull - + orbits - +
 facial - + mandible - +
 nasal - + c-spine - +

L

clavicle - +	Tspn - +	clavicle - +
scapula - +	CXR - +	scapula - +
shoulder - +	sternum - +	shoulder - +
humerus - +	ribs - +	humerus - +
elbow - +	KUB - +	elbow - +
forearm - +	LS - +	forearm - +
wrist - +	sacrum - +	wrist - +
hand - +	pelvis - +	hand - +
digit - +	IVP - +	digit - +
hip - +		hip - +
femur - +		femur - +
knee - +		knee - +
patella - +		patella - +
tib/fib - +		tib/fib - +
ankle - +		ankle - +
foot - +		foot - +
toe(s) - +		toe(s) - +

EKG / LABS / SPECIAL STUDIES

EKG ☐ nml ☐ CT Head ☐ NAD ☐ CT Abdomen ☐ NAD
 Labs ☐ nml ☐ CT Chest ☐ NAD ☐ Other studies ☐ neg

0 PROCEDURE NOTES

- ☐ Intubation ☐ Splint
- ☐ Ventilator Management ☐ Wound Repair
- ☐ Central Line
- ☐ Chest Tube

PROGRESS

TIME _____ -now- stable unstable
 sx's much better better unchg'd
 exam improved unchanged

_____ [APPLY] _____

☐ trauma course ☐ Resp / CVS ☐ CPR ☐ re-evaluation

consultation / review of records

DAW Dr. _____ old records ordered _____
 DAW Dr. (#2) _____ old records reviewed _____
 tried - can't contact Dr. _____ records req - unavailable _____
 family consultation _____ further history sought _____

hospital admission or transfer

admitted _____ good condition _____
 transferred _____ stable _____
 observation status _____

FIGURE 25

CLINICAL IMPRESSION

acute pain _____ MVA MCA bike pedestrian _____

skin

laceration _____
abrasion(s) _____
skin avulsion _____
foreign body, soft tissue _____

soft tissue

cervical strain _____
neck pain _____
back pain _____
strain _____
sprain _____
contusion _____

dislocation

shoulder _____ finger _____
elbow _____ toe _____

knee injury

knee injury _____
hemarthrosis _____
knee instability _____

fracture

skull _____ rib _____
facial _____ pelvic _____
spine _____ hip _____
upper ext _____ lower ext _____
wrist _____ ankle _____
hand _____ foot _____

other / major injury

concussion _____
head injury _____
spinal injury _____
hemorrhage _____
hypotension _____
shock _____
respiratory failure _____
chest injury _____
cardiac arrest _____
abdominal injury _____
renal injury _____
dental trauma _____

general

abnormal test _____ hypertension _____
lifestyle issues _____ diabetes _____

more diagnoses

<input type="checkbox"/> Allergy	<input type="checkbox"/> Infectious Disease	<input type="checkbox"/> Ortho / Surg
<input type="checkbox"/> Cardiology	<input type="checkbox"/> Int Medicine Gen1	<input type="checkbox"/> Pediatrics
<input type="checkbox"/> Dermatology	<input type="checkbox"/> Mouth/Dental	<input type="checkbox"/> Psychiatric
<input type="checkbox"/> ENT <input type="checkbox"/> Eye	<input type="checkbox"/> Pulmonary	<input type="checkbox"/> Toxicology
<input type="checkbox"/> Environmental	<input type="checkbox"/> Neurology	<input type="checkbox"/> Trauma
<input type="checkbox"/> Gastrointestinal	<input type="checkbox"/> OB-GYN	<input type="checkbox"/> Urology

PRESCRIPTIONS

OTC meds

OTC meds _____
Acetaminophen _____
Motrin _____
pain / nausea _____
Darvocet-N _____
Lortab _____
Phenergan _____
Tylenol w/Cod. _____

NSAID's

Ibuprofen _____
Lodine _____
Naproxen _____
muscle _____
Flexeril _____
Robaxin _____
Skelaxin _____
Soma _____

antibiotics

Augmentin _____
Cephalexin _____
Cipro 10d _____
Duncef _____
Erythromycin _____
Levaquin _____
Silvadene _____

more prescriptions

<input type="checkbox"/> Allergy/Decong	<input type="checkbox"/> Eye	<input type="checkbox"/> Nsaids	<input type="checkbox"/> Sedative
<input type="checkbox"/> Analgesics	<input type="checkbox"/> ENT	<input type="checkbox"/> M.Relax	<input type="checkbox"/> Skin
<input type="checkbox"/> Antibiotics	<input type="checkbox"/> GI	<input type="checkbox"/> Ob-Gyn	<input type="checkbox"/> Steroids
<input type="checkbox"/> Cardiac	<input type="checkbox"/> Neuro	<input type="checkbox"/> Pulmonary	<input type="checkbox"/> Urology

DISCHARGE INSTRUCTIONS

treatment

c-collar _____
ice _____ elevate _____
wound care _____
sling _____ splint _____
rib belt _____
crutches _____
knee immobilizer _____
elastic wrap _____

diet

no restrictions _____
clear liquids only _____

activity / work-school

no restrictions _____
no strenuous activity _____
wt bearing as tolerated _____
no wt bearing _____
RT work _____ off work _____
RT school _____ off school _____

warnings

head _____ comps _____
infection _____ Tet given _____
sedative meds in ED _____
return if problems _____

follow-up

☐ w/ Dr. _____ w/ your doctor _____
☐ w/ Dr. (#2) _____ w/ specialist _____
return to ED _____ discharged home in _____

FIGURE 24

100180 26260

☒ EVI
☒ Home
☒ Notes
☒ History
☒ Exam
☒ Course
☒ D.O.
☒ Clinical
☒ Instructions
☒ Prescription
☒ Excuse
☒ Discharge
☒ Lock

nurses notes rev'd _____ VS rev'd _____ Q/Volter _____	
PHYSICAL EXAM	
alert NAD	conscious / lethargic / obtunded in distress mild mod severe
EYES	conjunctival findings scleral icterus pale conjunctivae
nml inspection PERRL	
ENT	abnml ear exam runny nose pharyngeal erythema tonsillar exudate str. mucous membranes
ears nml nose nml pharynx nml	
NECK	JVD carotid bruit lymphadenopathy thyromegaly meningeal signs
nml inspection supple	
CVS	abnml rate tachycardia bradycardia abnml rhythm murmur extra sounds decreased pulses
nml rate/rhythm hear. sounds nml	
RESPIRATORY	resp distress accessory muscles decreased air movement rales rhonchi wheezes prolonged expirations
no resp distress breath sounds nml chest nontender	
ABDOMEN	obese tenderness M1 M2 guarding rebound organomegaly gravid uterus abnml bowel sounds distention mass
soft nontender no organomegaly	
O FEM GENITALIA	vag. bleeding discharge external exam nml bimanual tenderness bimanual exam nml enlarged uterus mass
external exam nml bimanual exam nml speculum exam nml	
MALE GENITALIA	tenderness nml genitalia scrotal swelling testes descended
nml genitalia testes descended	
RECTAL	blood in stool tenderness nml rectal exam nontender abnormal digital rectal heme neg stool
nml rectal exam nontender	
BACK	CVA tenderness
nml inspection	
EXTREMITIES	pedal edema calf tenderness
nml ROM no pedal edema	
SKIN	cyanosis pallor cool skin diaphoresis skin rash poor skin turgor
nml color warm, dry no rash	
ONEURO	altered mental status CN deficit weakness sensory deficit reflex exam
oriented x2 no motor deficit no sensory deficit reflexes nml	

FIG 28

Clinical Report

Hospital Name - Emergency Department

Street Address - 214-555-1212

26-Jul-2001

Patient Name: Doe, John
 Mary

PHYSICAL EXAM

Eyes: Scleral icterus. Pale conjunctivae.

ENT: Ears normal. Nasal discharge present. Dry mucous membranes present.

Neck: Meningeal signs present. Lymphadenopathy present. Thyromegaly.

Abdomen: Obese. Rebound tenderness. Guarding present.

Skin: Cyanosis. Skin rash.

Neuro: Oriented X 3. No motor deficit. No sensory deficit.

Physician Signature

FIG 29

09929.081001
T00T90"26'2650

Clinical Report **20250**
Hospital Name -

Emergency Department
Street Address - 214-555-1212
26-Jul-2001

Patient Name: ~~Doc, Jane~~

PAST HISTORY

Peptic ulcer. Gall stones. Bowel obstruction.

PHYSICAL EXAM

Types: Scleral icterus. Pale conjunctivae.

Eyes: Conjunctiva normal. Dry mucous membranes present.

ENT: Ears normal. Nasal discharge present. Eyes normal. Mouth normal. No lymphadenopathy present. Thyromegaly.

Abdomen: Obese. Rebound tenderness. Guarding present.

GU: Speculum and bimanual exam performed. Cervical lesion present. Discharge present from the cervical os.

Skin: Cyanosis. Skin rash.

Neuro: Oriented X 3. No motor deficit. No sensory deficit.

Physician Signature

F-16 311

EKG / X-RAYS / STUDIES

- ☐ EKG _nml
- ☐ CXR _NAD
- ☐ V/Q scan _nml
- ☐ Abdomen _NAD
- ☐ IVP _NAD
- ☐ Other X-rays _neg
- ☐ CT Head _NAD
- ☐ CT Chest _NAD
- ☐ CT Abdomen _NAD
- ☐ Abdominal Sono _NAD
- ☐ Pelvic Sono _NAD
- ☐ Other studies _neg

0 PROCEDURE NOTES

- ☐ Ventilator Management
- ☐ Chest Tube
- ☐ Central Line
- ☐ Thrombolytic Therapy

PROGRESS

TIME: _____ -now- _____ stable _____ unstable

_____ sx's gone _____ much better _____ better _____ unchanged
exam improved _____ unchanged

_____ (APPLY) _____
Evaluation after reassessment Physical exam findings are _____ unchanged.

Evaluation after multiple exams. Physical exam findings are _____ unchanged. The patient's symptoms are unchanged.

Evaluation after observation, results of tests back, analgesic and narcotic. Physical exam findings are improved. Symptoms much better.

0 general course 0 Resp / CVS 0 CPR 0 re-evaluation

consultation / review of records

DAW Dr. _____ old records ordered _____
DAW Dr. (#2) _____ old records reviewed _____
tried - can't contact Dr. _____ records req - unavailable _____
family consultation _____ further history sought _____
hospital admission or transfer
admit _____ good condition _____
transfer _____ stable _____
observation status _____

LAB

0 CBC	0 Chem	0 Cardiac Enz	0 PFTs
nml except	CMP BMP ISTAT	nml except	Peak Flow
WBC	nml except	CK	0 U/A
Hgb	Na	CKMB	cath clean
HCT	K	myoglobin	nml except
Plat	Cl	Troponin T	WBCs
segs	HCO3	Troponin I	RBCs
bands	Glu #2	0 Pulse Ox	bacteria
lymphs	BUN	lime-	blood
monos	Cr	FIO2	leuk est
	Tot Prot	O2 sat	nitrite
	Albumin	0 ABG	gluc
	T.Bili.	time-	ketones
0 COAG	SGOT	FIO2	Bili
PT	Alk Phos	pO2	protein
PTT	Ca	pO2	HCG
INR	Mg	O2 sat	sHCG
TYPE / Rh	PO4	pCO2	Quant
Time	Amylase	pH	uHCG
T & C	Lipase		
Type/Rh			

Clinical Report

Hospital Name: 22622650

Emergency Department

Street Address - 214-555-1212

26-Jul-2001

Patient Name: Doe, Jane

PAST HISTORY

Peptic ulcer. Gall stones. Bowel obstruction.

PHYSICAL EXAM

Eyes: Scleral icterus. Pale conjunctivae.

ENT: Ears normal. Nasal discharge present. Dry mucous membranes present.

Neck: Meningeal signs present. Lymphadenopathy present. Thyromegaly.

Abdomen: Obese. Rebound tenderness. Guarding present.

GU: Speculum and bimanual exam performed. Cervical lesion present. Discharge present from the cervical os.

Skin: Cyanosis. Skin rash.

Neuro: Oriented X 3. No motor deficit. No sensory deficit.

PROGRESS AND PROCEDURES

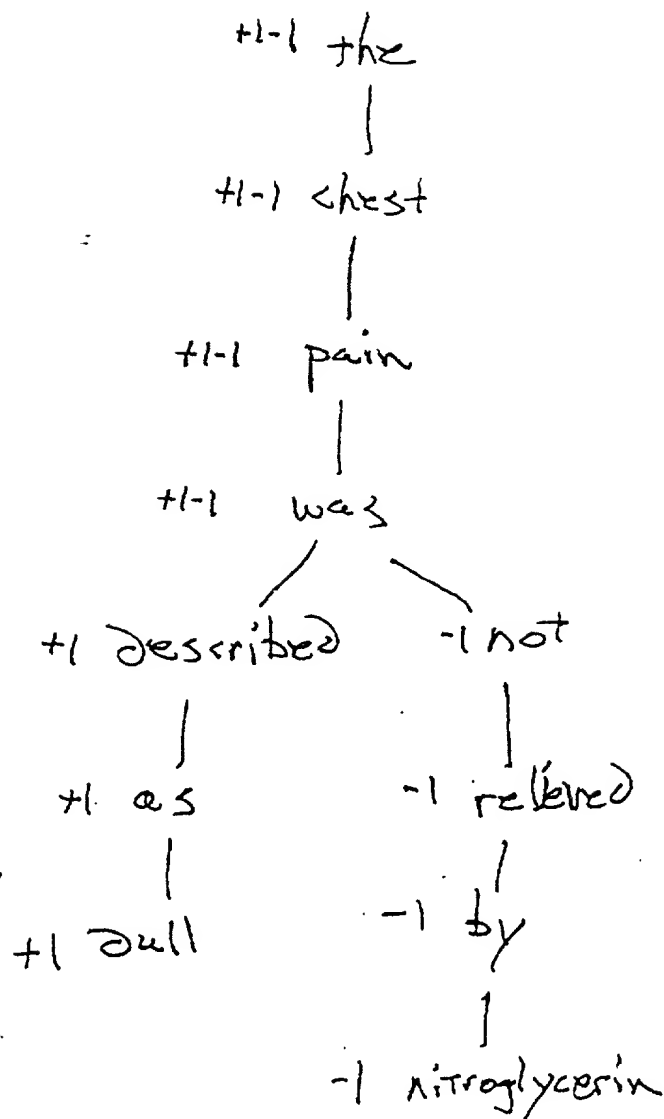
E.D. Course: Evaluation after reassessment. Physical exam findings are unchanged.

Evaluation after multiple exams. Physical exam findings are unchanged. The patient's symptoms are unchanged.

Evaluation after observation, results of tests back, analgesic and narcotic. Physical exam findings are improved. Symptoms much better.

Physician Signature

FIG 34



the chest pain was described as dull
the chest pain was not relieved by nitroglycerin

FIG 35



Min Text

Crunch

[illegible]